



Certificate of Express Mailing

"Express Mail" Mailing Label Number: EV958477840US

Date of Deposit: 11/09/2006

Ref: Case Docket No.: P3925

First Named Inventor: Juei Chang et al.

Serial Number: 09/629,492

Filing Date: 07/31/2000

Title of Case: Software Bundle for Providing Automated Functionality to a WEB-Browser

I hereby certify that the attached papers are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10 on the date indicated above and addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

1. Notice of Appeal.
2. Duplicate Notice of Appeal.
3. Appeal Brief.
4. Fee transmittal.
5. Duplicate fee transmittal.
6. Petition for Extension of Time.
7. Check for fees in the amount of \$560.00 (250/Notice;250/AB;60/Ext.).
8. Certificate of express mailing.
9. Postcard listing contents.

Sheri Beasley

(Typed or printed name of person mailing paper or fee)

Sheri Beasley
(Signature of person mailing papers or fee)



PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**
For FY 2005☒ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 250.00**Complete if Known**

| | |
|----------------------|--------------------|
| Application Number | 09/629,492 |
| Filing Date | 07/31/2000 |
| First Named Inventor | Juei Chang |
| Examiner Name | Joshua D. Campbell |
| Art Unit | 2178 |
| Attorney Docket No. | P3925 |

METHOD OF PAYMENT (check all that apply)☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: 50-0534 Deposit Account Name: Mark A. Boys

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | 0 |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | 0 |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | 0 |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | 0 |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | 0 |

2. EXCESS CLAIM FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|---|----------|-----------------------|
| Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent | 50 | 25 |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent | 200 | 100 |
| Multiple dependent claims | 360 | 180 |

| | | | |
|---------------------|---------------------|-----------------|----------------------|
| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
| 0 - 20 or HP = | 0 | 25 | 0 |

HP = highest number of total claims paid for, if greater than 20

| | | | |
|----------------------|---------------------|-----------------|----------------------|
| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
| 0 - 3 or HP = | 0 | 100 | 0 |

HP = highest number of independent claims paid for, if greater than 3

| | | |
|----------------------------------|-----------------|----------------------|
| Multiple Dependent Claims | Fee (\$) | Fee Paid (\$) |
| | 0 | 0 |

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| | | | | |
|---------------------|---------------------|---|-----------------|----------------------|
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
| - 100 = | 0 | 0 | 125 | 0 |

(round up to a whole number) x

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Filing a brief in support of an appeal

Fees Paid (\$)

0

250.00

SUBMITTED BY

| | | | | | |
|-------------------|------------------|-----------------------------------|------------|-----------|--------------|
| Signature | /Donald R. Boys/ | Registration No. (Attorney/Agent) | 35,074 | Telephone | 831-726-1457 |
| Name (Print/Type) | Donald R. Boys | Date | 11/09/2006 | | |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.